

MDR Tracking Number: M5-04-3379-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-4-04.

The office visit on 7-14-03 was withdrawn by the requester.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits dated 6-19-03 and 7-16-03 **were found** to be medically necessary. The remaining therapeutic exercises, joint mobilization, myofascial release and neuromuscular reeducation **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to the office visits dated 6-19-03 and 7-16-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 30th day of August 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

08/21/2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3379-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the records reviewed, ___ was employed with American Airlines when she suffered an on the job injury on ___. The injured employee was working as a fleet service clerk for American Airlines when on ___ she stepped off of a tractor like machine twisting and injuring her left knee. The records relay that she continued to work that day but by the end of the day she had a great deal of swelling and pain in her left knee. She was seen by the company doctor and subsequently sought the care of Dr. E. Dr. E initiated care for ___. The patient was later referred to Dr. S for consult of her injuries. At some point during the course of her treatment, ___'s right knee was included in the records reviewed. The patient had arthroscopic surgery of the left knee in February of 2003 (records conflict as to exact date, there is notations of a surgery performed in March of 2003 as well). Following surgery the patient continued to receive care in the form of different types of therapy and rehabilitation. ___ saw Dr. A for a Designated Doctor evaluation on 5-16-2003. Dr. A placed the patient at MMI with a 3% whole person impairment rating effective 5-16-2003

Numerous treatment notes, diagnostic tests, evaluations, and other documentation were reviewed for this file. Records were received from the insurance carrier and from the treating providers

Records reviewed included but were not limited to the following:

EOB's from Insurance Carrier
Script from Dr. S
Operative note from Dr. S
Treatment notes from Dr. E
Treatment notes from Dr. S
SOAP notes
Aqua Therapy Notes
TWCC 73's
Diagnostic Tests including MRI's of bilateral knees
Muscle/ROM Testing
Referral Physician Notes
DD reports and Peer Reports
Team Conferences (without dates)
Treatment notes from Dr. L

DISPUTED SERVICES

The services in dispute are the therapeutic exercises (97110) joint mobilization (97265) myofascial release (97250) neuromuscular reeducation (97112) and office visit (99213) on 6-16-03 to 7-16-03.

DECISION

The reviewer disagrees with the previous adverse decision regarding office visits (99213) for the dates of service under review.

The reviewer agrees with the previous adverse decision regarding therapeutic exercises (97110) joint mobilization (97265) myofascial release (97250) and neuromuscular reeducation (97112) for the dates of service under review

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor and the Official Disability Guidelines in regards to treatment measures of the knee. Specifically it should be noted that the post-surgical rehabilitative guidelines suggest 6-12 weeks of rehabilitation following surgery. The maximum duration of disability according to the MDA would be 84 days or approximately 3 months for a "Heavy" job classification and this type of injury. See Chart Surgical treatment by arthroscopic meniscectomy.

Job Classification	Minimum	Optimum	Maximum
Sedentary work	7	14	28
Light work	14	21	35
Medium work	14	21	56
Heavy work	21	42	84
Very Heavy work	28	42	126
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According to the Evidence Based Medicine Guidelines, work disability after a surgical repair should last approximately 4 weeks. In each of these examples, the requested dates of service are outside the time frame of expected treatment. However, the office visits would be appropriate for Dr. E for follow-up with ___ to monitor her recovery and home exercise program. In addition, ___ was placed at maximum medical improvement by a designated doctor who evaluated the patient at 3 percent whole person impairment and thus there would be no need for additional therapy for the dates under review.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,